



## CITIZENS' POLICE ACADEMY APPLICATION

**INSTRUCTIONS\*:** READ EACH QUESTION CAREFULLY AND ANSWER EACH QUESTION ACCURATELY. AN APPLICANT MAY BE DISQUALIFIED FROM ATTENDING CITIZEN'S POLICE ACADEMY IF HE/SHE INTENTIONALLY MAKES A FALSE STATEMENT, PRACTICES OR ATTEMPTS TO PRACTICE ANY DECEPTION OR FRAUD IN THIS APPLICATION. PRINT OR TYPE THIS APPLICATION AND SIGN WHERE INDICATED.

**RETURN COMPLETED APPLICATION TO: CITIZENS' POLICE ACADEMY, 200 HIGHLANDS BLVD. DRIVE, MANCHESTER, MO 63011**

### PERSONAL INFORMATION

Last Name		First Name		Middle Name	
List all other names you have used, including maiden, nicknames or aliases:					
Present Address			Length at present address:		
Previous addresses for the past three years:					
Home Phone		Business Phone		Cell Phone	
E-Mail Address:					
Date of Birth		Place of Birth			Age
					Sex
Social Security Number:		Marital Status:		Driver's License Number	
Please list any languages, other than English, which you speak or write fluently:					

### EMPLOYMENT HISTORY

Business Name & Address:			Occupation		
Supervisor's Name and Title:					
Employment Phone		Ext.	Fax		Employment Dates:
Job Duties					

### PERSONAL REFERENCES

Give three personal references of those who have known you during the past five years:

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

### TRAFFIC/ARREST HISTORY

Indicate below all arrests and traffic violations (do not include parking violations.)

Date	Violation	City/State	Disposition	Agency
Date	Violation	City/State	Disposition	Agency
Date	Violation	City/State	Disposition	Agency

**EMERGENCY CONTACT INFORMATION**

Person to be notified in case of emergency:

Relationship:

Home Phone:

Cell Phone:

Work Phone:

Personal Physician contact information:

**RELEVANT INFORMATION**

Why do you wish to attend the Citizen's Police Academy in Manchester?

Are you interested in volunteering with the Manchester Volunteers In Police Service program?

What days/hours would you be available?

Please list any special skills, training, interests or hobbies that may be useful to the Department:

List any prior law enforcement experience including military law enforcement

**ADDITIONAL QUESTIONS OR COMMENTS**

I hereby certify that all statements made in this application are true and I authorize investigation by the Manchester Police Department of all matters contained in this application. I acknowledge that any false statements or misrepresentations, either verbal or written, will be cause for refusal of placement or immediate dismissal.

Signature

Date

**DO NOT WRITE BELOW THIS LINE – FOR DEPARTMENTAL USE ONLY**

Date application received

Background Investigator:

Unit:

Received by:

Background Approved:

Applicant Approved

Received by:

Date Applicant Notified

Academy Class Start Date:

**RETURN COMPLETED APPLICATION TO:**

CITIZENS' POLICE ACADEMY  
Manchester Police Department  
200 Highlands Boulevard Drive  
Manchester, MO 63011

Fax Number: 636-207-2829